

Department of Radiology
Emergency Contact for Visitors

Name: _____

Address (while @ Stanford):

Phone (while @ Stanford): _____

In the event of an emergency, contact the following person(s):

Name and Phone: _____

Name and Phone: _____

Name and Phone: _____

Any other important information (i.e. allergies to medications, etc.):

Please return this form to:

Lakeesha Winston
James H. Clark Center
318 Campus Drive W 3.1
Stanford, CA 94305-5441 or
Fax: 650-724-5791

Or scan/e-mail to lwinston@stanford.edu